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ABSTRACT

A group of 72 professionals from the field of gerontology attended a consultation designed to articulate the learning and professional development needs of those who work with elderly persons. During the consultation, a series of three small group discussions were held. These discussions indicated that continuing education courses and professional development programs in the field of gerontology are needed for a wide range of professionals who work in the capacity of local caregivers to senior citizens. Particularly needed is a gerontological foundation that could foster interagency, interpersonal, and intergenerational communication among those involved in work in the field of gerontology. (This report contains a summary of the recommendations set forth at the consultation, overviews of the objectives and results of the two group discussions, a list of those comments made during the discussions that pertain to an information exchange or gerontological foundation, and a list of questions and raw data from the evaluation of the consultation and a subsequent analysis of those comments.) (MN)

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GERONTOLOGY: FOUNDATIONS FOR PRACTITIONERS

Report on the Gerontological Consultation
Westminster College, London, Ontario
March 29th, 1984

Abstract

On March 29th, 1984, 72 professionals met at Westminster College to participate in an educational process designed to articulate the learning and professional development needs of those who work with the elderly. This document details the background, process, data and conclusions of that consultation. The analysis of the data reveals two major needs of local care-givers who work with seniors.

1. The need for continuing education courses and professional development programmes in the field of gerontology for the wide range of professionals who work with the elderly.

2. The need for a Gerontological Foundation to foster interagency, interpersonal and intergenerational communication among those who are involved in work of a gerontological nature.

A detailed elaboration of these two major concerns, as well as recommendations derived from the proceedings by the organizing committee are contained within the report.

The Committee wishes to acknowledge, with great thanks, its debt to the following for their very generous support both financial and in kind of this project.

The Ecumenical Foundation of Canada
The Most Rev. John M. Sherlock, Bishop of London
The Right Rev. T. David B. Ragg, Bishop of Huron
The Sisters of St. Joseph, Mount St. Joseph, London
The Ursuline Sisters, Ursuline Generalate, Chatham
The Women's Christian Association, London
Westminster College, London
The Faculty of Education, University of Western Ontario
The Faculty of Part-Time and Continuing Education,
University of Western Ontario

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A. RECOMMENDATIONS

The following recommendations were prepared by the team who worked on this report, but were suggested by the participants at the Consultation. They were not therefore presented to the participants at the consultation for formal approval, but were elicited from the reports and notes collected from the discussion groups, and should be taken as a draft set of working propositions.

I. Educational Theme

1. There should be a concerted effort by the Continuing-Education Units of Fanshawe College and the University of Western Ontario to include credit and non-credit courses in gerontology in their yearly course offerings, along with a move toward the development of coordinated, comprehensive, professional development programmes in gerontology.

2. Educators should maintain close communication with professionals in the development of gerontological programmes and promotion.

3. There should be a coordinated effort to maximize information exchange among agencies and institutions that offer professional development opportunities in gerontology.

4. Particular attention should be paid to strengthening the advocacy component of programmes and services relating to the needs of Seniors. This implies research, documentation, policy analysis, and the preparation of briefs to local, provincial and national governments.

5. Further investigation of the feasibility of an accredited programme in gerontology at the University of Western Ontario should be undertaken. The considerable resource base of the university could be more effective if the administration were encouraged to recognize the need for interdisciplinary cooperation in its interests of academic research, teaching, and service to the community, and to make provision for such cooperative activity. Ideally this might be a joint venture involving educational and professional representatives. (possibly a pilot course)

6. Gerontological Association/Committee: The consultation clearly demonstrated a community of interest and a constituency of concern. This momentum should be captured by the creation of a standing committee, association, or some other formal organization to serve the interests of the professional community.

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RECOMMENDATIONS

II. Gerontological Foundation Theme

1. Since the provision of services to the elderly is interdisciplinary and interagency, a permanent resource centre should be established for the dissemination and exchange of information among service-providers, to improve cooperation and coordination of programmes. Consequently, we applaud the effort of Parkwood Hospital, Information London, Senior Citizens Bureau, Coalition for Seniors and others in coordinating and updating of current data.

2. The dissemination of information would be facilitated by use of a news-bulletin for circulation to gerontologists, professionals and others, including volunteers and volunteer organizations, which could be one of the responsibilities of a gerontological foundation, with the cooperation of a local association.

3. There should be a further investigation into the community interest for the development of a Gerontological Foundation, the purposes of which are further outlined in this document.

4. There should be a coordinated effort should be made by local libraries to identify an exhaustive, cross-referenced list of books on the subject of gerontology to be made available both to institutions and the public. At present only Parkwood has a gerontological indexed listing of their resources, dated June, 1982.

5. There should be leadership training programmes for Senior citizens, in order to enable them to take a leading role in shaping the services and opportunities available to them.

6. There should be an effort to use the media as a means to disseminate information on aging.

B. BACKGROUND

The Consultation on professional development for those who work with the elderly had a long gestation period. Its origins can be traced back to 1978-79 to two stimuli that were intended to strengthen the quality of services for senior citizens. One of these initiatives was the announcement by the Social Sciences and Humanities Research Council of Canada (SSHRCC) of a Strategic Grants programme for research on aging in Canada, which not only identified a major issue of social change in our society, but also began to give focus to many diffuse strands of aging related research. The other, which provided a more specific stimulus for this particular project, was a proposal put forward by Dr. Harold Vaughan, of the Ecumenical Foundation in Toronto, for the development of a course in Pastoral Care of the Elderly with a clinical component. Dr. Vaughan held discussions with various people at the University of Western Ontario in the Fall of 1979 and early 1980, but for various reasons, the time was inopportune for subsequent action. Nevertheless the Ecumenical Foundation was on record as supporting such a programme in principle, and as being prepared at that time to contribute some part of the necessary funding.

Early in 1983, a number of individuals from the University and the community came together to explore the possibility of developing professional development programmes in Gerontology in London. This too, was a response to the findings of the Long Range Planning Committee of the London Coalition for Seniors, whose final report,"A Community Plans", was presented in September, 1983. Among other findings, the report, in its recommendations, laid particular stress on the enhancement of awareness and competencies among professionals and para-professionals in the human services. An interim report to the Gerontology Research Council of Ontario (G.R.C.O.), circulated in January 1984, also refers to the need for adequate interpretation and communication of the latest information from the growing body of gerontological research to practitioners and those who work with the elderly.

In July 1983 the self-appointed ad hoc Committee met to review these issues and to develop proposals for a positive response to emerging needs. Canon Lloyd Gesner, Secretary of the Ecumenical Foundation, was invited to join the group to review the history of the Foundation's original interest, and to share perceptions from his experience of other communities across the country. The group agreed to meet again in the Fall by which time certain individuals would have gathered more information. Beginning September 1983, a process unfolded which led to the proposal for a Community Consultation.

It became clear that although the germ of the idea was related to pastoral care and the religious ministry,(see list of supporters and planning committee), the focus of the group was much broader, extending to the needs of all those who work with the elderly in institutions or in the community. Gerontological services are clearly interdisciplinary and cooperative. At the same time, though this was not always easy to keep in perspective, the purpose and primary concern of the committee were not the needs of the elderly themselves, so much as the educational needs of those who work with the elderly. The senior citizen, and the quality of life in the later years, is of course our principal and ultimate concern, but the purpose of this project has been to serve that interest by concentrating on the need for the enrichment of knowledge and enhancement of skills among persons who work with seniors, as professionals, para-professionals, or volunteers. Many of these persons are of course themselves senior citizens.

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The term Consultation, proposed by Canon Gesner, was adopted as a particularly felicitous description of the group's intentions. This was not to be another short course, presentation or workshop. Its purpose, which will be described more fully in the following section of the report, was to bring together persons from the community who had been identified as sources of experience, expertise, information and perhaps even frustration, in a process oriented session which would enable them to identify their own needs and the needs of their associates for information, education, skill development, resources, and communication and to draw from this gathering some positive proposals for future steps to be taken by the university and the community.

The aging of the population in Canada, in Ontario, and indeed in the city of London, has been clearly documented. As the national percentage of persons over the age of sixty rises, from 11% in 1960 through 14% in 1984 to 15% by the year 2000, the over sixty population of London, can be expected to keep pace. Demographers anticipate that around the year 2000 a sharp upturn in the number of seniors will occur in Canada, with the proportion of the population over sixty years old reaching 21% to 22% by the year 2025. Gerontological research is a rapidly growing endeavor, yet the nature and quality of aging changes with each successive cohort's changing heritage or life-experiences and changing proportion in the total community. The quality of life in later years concerns us all and it has been the purpose of this consultation to determine the educational or learning needs for more effective support among those in our community who are laying the foundations for a better quality of life in the later years both now, as our social systems adjust to the rapid expansion of the proportion of the population over 60, and in the future.

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C. LONDON'S COMMUNITY CONSULTATION: A Description of the Process

Three factors were of critical importance in the development of a community consultation on the professional development needs of those who work with the elderly: the Purpose, the Structure and the Process.

1. Purpose

The raison d'etre of this consultation was to gather information concerning the exclusive needs of the care-givers, professionals and service providers who are in direct contact with the elderly. The plan was to take the members of the consultation through a process whereby their personal and professional needs could be documented.

2. Structure

A wide variety of professionals work with the elderly and the committee felt it was important to include as many occupational groups as possible. It was suggested in addition to medical, nursing and recreational staff, that professional staff from such areas as business, the social services, religion, university, government and the elderly themselves should be invited.

Names of potential participants were identified by committee members, community people, and Information London, and grouped under one of the following headings.

Business	clothing, insurance, financial planning, etc.
Recreation	recreation centres, hospital recreation, etc.
Service	journalism, homecare, nursing homes, Information London etc.
Administration:Government	hospital and nursing home administration, Housing, etc.
Medical:Nursing	Gerontological Nursing Association, doctors, nurses, Fanshave & Western's nursing programmes
Religious	hospital Chaplains, ministers, professors of Theology.
Social Work	psycho-geriatric workers, acute and chronic care hospitals, community social workers, etc.
University	from various Faculties.
Elderly	Canadian Institute of Religion and Gerontology members, & various community leaders.

There were approximately ten people invited from each professional grouping, although the medical:nursing group had twice that number. In total 96 people were invited to the consultation of which 72 actually participated, this represented a 75% response rate.

In the final analysis a wide variety of care-givers, front-line workers, professionals, administrators, government planners, business representatives, academics and hospital staff, (from religious counsellors to recreational supervisors) were represented along with the elderly themselves. For the consultation, each participant was allocated to one of the following groups:

1. **Business**
2. **Recreation**
3. **Service**
4. **Nursing**
5. **Social Work**
6. **Administration:Government**
7. **Religion**

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3. Process

The Consultation process had to be both directive and yet embody an informal exploratory component. Direction was needed as our goal was to elicit specific professional development needs and yet the consultation had to be open ended enough that the interaction between persons within the consultation would encourage a free flow of information and ideas.

Ann Fales, an adult educator with a professional interest and expertise in gerontology, designed the program for the Consultation after conferring with members of the organizing committee. Her own beliefs about adults as learners revolve around the tensions inherent in structured and unstructured learning environments. In a highly structured environment the participants may not feel comfortable enough to address their own issues. In a very unstructured environment the participants may feel that there is little leadership or direction. Ann stated clearly that she believed in facilitating an environment where the participants were free to explore their own needs and issues, but were made to confront definitive agenda items as they made these explorations. It was this approach that led to the development of the consultation agenda.

The consultation was organized around three distinct small group discussions. Reverend Lance Woods, Pastor of Dundas Street United Church and a gerontologist, was asked to open the Consultation with an overview of the professional development issues in Gerontology, setting the stage for the three discussions which would follow. Ann decided that two of these discussions would involve individuals from a variety of professions and the other would involve a homogeneous grouping of individuals by profession. Inherent in this decision was a belief that individuals, in the heterogeneous setting, could reflect on their own educational needs against a backdrop of several other group members who had a different perspective. In the homogeneous setting, each of the participants would have an opportunity to compare ideas with other members of their own profession. It was believed that analysis of these discussions could detail some of the common professional development themes involved in caring for the elderly. A further assumption inherent in this design was a strong belief that those who presently work in this field are best qualified to identify their needs and state what they need and why they need it, and in this process discover how best to address the need.

Group leaders, selected from the planning committee and trained by Ann Fales led the participants through the three small group discussions which had the following themes:

1. Identifying General Needs for Professional Development. (Heterogeneous Groupings)
2. Specific Educational Needs of Professional Groups. (Homogeneous Groupings)
3. Constraints, Solutions and the Way Ahead. (Heterogeneous Groupings)

Participants were assigned randomly, to the professionally-heterogeneous groups based on the date responses were received in the Faculty of Part Time and Continuing Education office at the University. Each participant was placed in one of seven groups. Next the participants were placed into occupational (i.e. homogeneous) groupings. There were several individuals who did not easily fit into any one particular group, and these were placed in a group judged relevant to

their interests. Participants had the option of changing groups if they felt that this change would be beneficial to the process. Facilitators for each group were randomly assigned after they had been asked to participate in the consultation.

In each group the participants decided on one individual who would record the process and report the results at a plenary session. A recorder kept tract of each discussion by recording issues on flipcharts while the discussion was in progress. Members of the organizing committee took notes during the plenary sessions, and a member of the organizing committee collected all the flipchart recordings for each session. An analysis of the themes which emerged during the consultation follows.

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D. RESULTS OF THE PROCEEDINGS

Through an analysis of the material from the proceedings the needs identified by the London gerontological professionals were divided into two major themes:

1. The need for continuing education courses and professional development programmes in the field of gerontology for the wide range of professionals who work with the elderly.

2. The need for a Gerontological Foundation to foster interagency, interpersonal and intergenerational communication among those who are involved in work of a gerontological nature.

Information concerning these two themes will be discussed separately in relationship to the three small group discussions: the Educational theme on pages 10 to 14 and the Gerontological Foundation theme on pages 14 and 15.

I. Educational Theme

Small Group I: Identifying the Needs for Professional Development (Heterogeneous Group)

In order to facilitate and promote discussion in the small-group sections of the symposium, participants were asked first to reflect independently on situations in their work which were problematic in terms of personal relationships, tasks to be carried out, or administrative organization, then to share this with others in the group. Next, they were to decide whether the solutions to their problems indicated a Learning Need, to increase one's own or another's knowledge, skill or awareness, an Organizational Need, to change a structure or the resources needed to carry out a task, or an Interactional Need, to improve the effectiveness of relationships with others who are involved with the situation. (see Appendix 1) Worksheets were supplied for participants to complete a chart of problems and corresponding needs. These were then compiled into a group response identifying the major recurring themes.

Several observations may be made of the results. Through a process of analysis and regrouping of the responses it was determined that 70% of the needs identified might properly be defined as learning needs. (See Appendix 1-III, page 20).

Secondly, it was evident that participants had some difficulty in distinguishing between their own needs as care-givers, and the needs of the elderly. This shows up clearly in the following content analysis of the needs listed by participants, where "Programmes for the Elderly" ranks second only, after "Communication Skills", (See Appendix 1-IV, page 23). This is very instructive; first, it demonstrated a high level of awareness of the needs of seniors among professionals and para-professionals. Secondly, it underlines the fact that the professional needs of this growing field are difficult to identify, probably because the conceptual tools for identification are not yet commonly available since there have been few opportunities available for professional development and even fewer opportunities for participants to address the issue in a comprehensive way in many agencies.

Out of this process, from a regrouping of the responses, 5 major categories of Educational needs emerged which relate both to the

individual care-giver and the institution or organization to which they are employed. *

a) Learning Needs of the Care-giver Staff
   1) Professional; knowledge and skills to better carry out tasks.
   2) Personal; coping and communication skills.

b) Administrative and Organizational Needs.
   3) Staff Training and Development.
   4) Public Education and Awareness. (Skills in Political Advocacy)
   5) Centralized Systems of Management (Coordination of Services, Information and Effort)

* Appendix 1-III on page 20, contains the raw data from which the above summarization was gleaned.

Group # 2: Professional Development Needs of Specific Professions (Homogeneous Group)

The purpose of this exercise was to identify the educational and professional development needs of individuals in particular professional groups. The participants were divided into the following occupational categories: social work, administration, business, nursing, service, religion and recreation.

The results of the homogeneous group exercises were not unlike the results of the first group exercise. In comparing the data it is clear that similar themes emerge. Both the homogeneous groups and the heterogeneous groups identified a strong need for academic courses in the field of gerontology. The chart below details the results of this exercise.

Four of the professional groups, social work, nursing, service and recreation argued in favour of a basic survey course which would cover the various aspects of aging. One group identified the following components for the course: physical, emotional, nutritional, psychological, spiritual, social, and pharmaceutical aspects of aging.

Along with the nursing and social work groups mentioned above, the administration: government and religion groups identified the need for a gerontology course specifically relevant to their profession. Such a course might best be developed and supplied by the professional association and schools working in collaboration with the Faculty of Part-Time and Continuing Education of the University.

Of equal importance to the professional groups was the need for a mechanism to promote networking and communication with professionals from other disciplines who work with the elderly. Networking was seen as a way to facilitate multi-disciplinary approaches to care-giving and overcoming the isolation that many professionals feel. The possibility of forming a London Gerontological Association was mentioned as a solution for forming a professional group with a gerontological interest.

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Topic/Themes	# of Groups Reporting (N =7)	Professional Groups
1. Basic Gerontology Course	4	Social Work Nursing Service Recreation
2. Education Program for a Specialized Discipline	4	Social Work Administration:Govt. Nursing Religion
3. Networking	4	Nursing Recreation Religion Service
4. Consultation/Resource Accessibility	3	Social Work Business Service
5. Lobbying/Political Advocacy	3	Nursing Service Recreation
6. Facilitating Seniors' Independence	3	Service Recreation Business
7. Research Methods/ Interpretation	2	Administration:Govt. Service
8. Volunteers	1	Service
9. Skills Inventory	1	Administration:Govt.

Three groups indicated the need for a consultation-resource centre which would supply up to date information on services available to the elderly and research in the area of gerontology.

Two new topics emerged for consideration. The first was the need for political action at all levels and among all professionals. Three of the seven groups pointed out that health care professionals and professionals in service organizations need to lobby the government for more money for services for seniors. Educational programs should include information on effective lobbying and advocacy skills. It was generally felt that all of us whether we are elderly ourselves or whether we work with the elderly in any capacity have an obligation to keep key decision-makers informed and to use our influence to improve services.

The second new item that arose from the exercise was the need for special training for volunteers who work with the elderly. While the general survey course in gerontology may be appropriate for some volunteers, it was suggested that the volunteer bureau working with continuing education units should consider arranging special conferences and workshops for volunteers who work with the elderly.

* For more information on Group 2, see Appendix 2, page 2[illegible]

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Small Group # 3: Constraints, Solutions and the Way Ahead
(Heterogeneous Group)

During the third and final discussion of this Consultation participants returned to their original heterogeneous groups of the first night. They were asked to review the information which had surfaced throughout this Consultation, select one priority need and examine possible concrete ways of addressing this need, as well as looking at the constraints and barriers to the proposed solution. Although there were seven heterogeneous groups, there were eight priority needs listed as one group discussed two needs. The results of this final discussion can be summarized as follows: Five groups listed continuing gerontological education for professionals, care-givers and volunteers as a priority need; three groups listed a communications network which would include a Gerontological Foundation to collect, organize and disseminate information through education and training, as the most pressing priority. This gerontological foundation theme is discussed further in section II, page 14.

Constraints

The need for educational programmes in the field of gerontology surfaced as the most critical issue during this Consultation. Five of the seven groups focussed on this priority. The participants listed six major constraints in the development of educational programmes in gerontology. These included:

1. The time commitment to an educational programme. The participants believed that employees are too busy already, that employers may not give incentive to upgrading and in general both parties may not be ready to recognize the value of such education.

2. The availability of educational programmes at varied or even flexible times, or on-site, to accommodate shift workers.

3. Lack of money to implement educational programmes.

4. Uncertainty about whether an educational programme should be certificate, degree or non-credit.

5. Lack of leadership in setting educational goals in gerontology, and in taking risks in initiating a new education programme.

6. Lack of instructors and resource persons.

Other constraints mentioned only once are listed in the appendix.

Solutions

1. Setting up a means of providing opportunities for continuing education.

2. Decisions about whether programmes will lead to a certificate or degree, prerequisites for courses, broad spectrum - narrow focus programmes. Also discussed was the importance of using technologies and the fact that some programmes should be portable.

3. A funded Chair at the University of gerontology, a School of Gerontology and a Department of Gerontology, were suggested as possible ways of addressing the educational needs in gerontology in our community.

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Who Should Implement Consultation Recommendations?

It was suggested that educational programmes could be planned by a core committee, an ad hoc committee, or even the same committee that arranged the consultation. The committee should involve members of the educational system, the university's continuing education faculty and affiliated colleges, community colleges and churches. This planning committee could also liase with the District Health Council, Coalition for Seniors and other community groups for support. The committee should also involve seniors. It was suggested that a Chair in Gerontology at Western might be a solution to the initiation of educational programmes in gerontology.

II. Gerontological Foundation Theme

The second most pressing issue for care-givers and service providers to the elderly is the need for some type of central resource of all the gerontological expertise in our community.

In reviewing the statements which were articulated in the first discussion, one will realize that most of the learning needs (pages 21 and 22) can be addressed by educational program initiatives. However, there is a further issue developed on pages 22 and 23, under the headings Organizational and Interactional needs. These comments demonstrate the isolation experienced by those working in the field of gerontology. Undoubtedly there are knowledgeable individuals with varied expertise in London, but many of the individuals who work with the elderly are not aware of the full range of community resources. The participants believe that accessing this expertise, and creating some sort of central file, would greatly enhance their own skills, and would reduce some of the frustration they experience working in this area. The data on page 23 again raises this issue. If one combines intra-interagency communication skills, staff stress, identification of community resources and cultivation of multi-disiplinary expertise, one can see how important this issue was to those who participated in the Consultation.

Furthermore, this theme surfaced again during the second discussion in the occupationally homogeneous groupings. On page 12, one can see that six out of the seven professional groups argued that networking or Consultation/Resource Accessibility was a primary concern. This reinforces the need which was developed more fully in the third group discussion.

Constraints

For a list of the Gerontological Foundation theme comments from Small Group discussions number one and two, see Appendix 3, pages 26-27.

During the final discussion of the Consultation process, three of the seven groups focussed their attention on the importance of gerontological communication networks in our community. After educational programming this was considered to be the most critical issue for care-givers and service providers to the elderly in London.

The major constraints included the following:

1. Personal and professional limitations to time commitment required to access and organize all the expertise, (professional, skills, services, resources, knowledge) in the city of London. (2)

2. A lack of specific goals for such a foundation.

3. Decisions about how the information is to be collected and disseminated?

4. Overcoming the reluctance of individuals to accept responsibility for the development of a resource file.

Solutions

The first three suggestions indicate the need for an Information Exchange. (IE) This IE would be a source of information to the general public and to professionals about the gerontological expertise (persons, skills, knowledge, services, resources) which is accessible by those in need.

1. Skills exchange among personnel from various agencies, institutions, businesses, government agencies and professional associations, including dental groups, education and nursing. Develop a resource pool, of talent and information.

2. Collection and organization of information needed, possibly in the form of a computerized data base.

3. List all members, interests, resource and contact number.

These suggestions correlate with the information which surfaced during the two previous discussions. However one group expanded this theme and suggested the need for a Gerontological Foundation in our community.

4. Plan, establish and maintain a Gerontological Foundation with a mandate to systematically collect and organize information and disseminate this through an active communications programme, and act as a resource on Gerontological issues in London.

The participants in this group envisioned a centre which would encompass the ideals of an Information Exchange, and would be a resource for all professionals in the field. This group further suggested that this Gerontological Foundation would also collect, organize and disseminate all relevant information in the field of gerontology, as well as initiate or advise about research in gerontology in our own community. This suggestion surfaced because of the complex nature of this field, the tremendous amount of research being conducted, and the inability of professionals to keep abreast of the latest advances in the field.

Who Should Implement Consultation Recommendations?

It was suggested by the discussion groups that members of the ad hoc planning committee for the Consultation should work with members of the District Health Council, the Coalition for Seniors and the University of Western Ontario, to plan for the development of this Gerontological Foundation.

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Conclusions: Small Group 3

An analysis of the data from the final discussion revealed that there is a dire need for gerontological education and professional development opportunities in London. Five of the seven groups chose to focus their attention on this need. To develop such a programme is not without a myriad of difficulties. First, it must be multi-disiplinary or interdisciplinary in its approach. The programme must also be able to adapt to the existing time structure to fit various schedules and purposes. A gerontological programme must also have some credence, credit or certificate to work within the existing structure of traditional professions. There certainly was diversity in the programmes proposed by the participants, but there could be no mistake about the articulated need for such programme initiatives.

There is also a clear indication of fragmentation among those who work among seniors, with the concurrent need for coordination of information on services, consultants, agencies, professionals and research, in the field of gerontology. Three of the seven groups focused their attention on the need for an information network in our community. One group expanded this theme and suggested that a Gerontological Foundation could be an appropriate initiative. The participants believed that the information centre could serve as a resource to seniors, their families or health care professionals who needed to access particular gerontological expertise. The Gerontological Foundation would provide the above, but also collect, organize and update the vast amounts of research in this field, as well as act as resource in the community for those who wished to undertake research projects in this area.

E. CONSULTATION CONCLUSIONS

The stated purpose of this Consultation in Gerontology was to explore the professional development and support needs of care-givers and service-providers who work with the elderly, with a view toward developing programme initiatives to meet these needs. Participants were invited to be part of this Consultation, and came from many different fields, agencies, institutions and organizations. Ann Fales developed the process and provided the participants with varied and multiple ways in which they could address their own professional development and support needs. Rev. Lance Woods opened the meeting with an overview of the contemporary professional development issues in the field of gerontology. The participants then began their first discussion in which they identified the professional development and support needs of all those who work with the elderly. It is a recognized reality that workers in this field are often unaware of the expertise which exists in their own community, and they feel isolated in their professional lives. The Wine and Cheese party which followed the first discussion attempted to address this situation by facilitating interaction and networking among the participants. On Friday morning participants met with other members of their own profession, and identified specific educational and professional development needs of their particular profession. Finally on Friday afternoon, participants returned to their original occupationally-heterogeneous groups and grappled with the solutions to meeting some of the articulated needs.

On reviewing the data from this Consultation process, it becomes immediately apparent that the participants did not ever really go beyond the need for gerontological programmes. Ideally this process should have revealed information about course content in gerontological education, and about specific needs of the different professionals. However, the information which did surface reveals the acute need for educational programme initiatives in gerontology in our community.

A cursory analysis of each of the three discussions demonstrates that care-givers and providers of services to the elderly believe that educational programmes would enhance their professional abilities with their elderly clients, their families, and each other, and would facilitate their continued professional development in the field. The participants did not provide specific information about the content in these requested educational programmes, but they kept repeating the need for such programme initiatives.

The few programme suggestions which were articulated were diverse and ranged from portable in-service and pre-service programmes all the way to the establishment of a Chair in Gerontology at the University of Western Ontario. Many of the participants also indicated that they believed that the members of the ad hoc committee who had prepared this Consultation should continue with educational initiatives in this area. Although this ad hoc committee had a community base, several of the members were from the University.

It was no surprise to the members of the ad hoc committee that such a strong need for gerontological education programmes surfaced during the Consultation. However what proved to be a surprise was the repeated articulation of the need for an Information Exchange or Gerontological Foundation.

In reality there are many care-givers and service providers who work with the elderly in London. However the networking among these individuals happens in a fragmented haphazard manner, or not at all. The participants addressed this issue throughout the process. In every

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one of the three discussions the need for the compilation and dissemination of available gerontological expertise in our area surfaced as the second most pressing issue. The participants believed that their own effectiveness would be largely enhanced if they could access local resources for their clients. Many, of course, have established their own data base for helping their clients, but they continue to agree that there is more expertise in London about which they know nothing. In fact the Consultation itself afforded the participants an opportunity to meet and interact with others who also worked in the field. They believed that a central Information Centre, dealing only with gerontological issues could be helpful.

An elaboration of this Information Centre included the establishment of a Gerontological Foundation. Participants recognized the interdisciplinary nature of the field, as well as the vast amounts of research now being conducted in aging. They also recognized the importance of "keeping up with the latest", but were aware of the difficulties involved in accomplishing this, particularly at the inter-disiplinary level. At the Consultation Ann Fales and Lance Woods addressed this difficulty, and pointed out that much of the present findings of research was not in a format readily accessible to professionals and it would take time and interpretation to make it more applicable. Participants believed that the Gerontological Foundation would be instrumental in categorizing and evaluating all the information which is coming out of this field, and acting as resource for professionals who work in this area.

In conclusion it is clearly evident that care-givers and service providers to the elderly in the city of London see a strong need for gerontological education initiatives, and the establishment of an Information Exchange or Gerontological Foundation.

F. APPENDIX 1

Appendix 1 includes; I) The objectives of the consultation, II) the instructions from the exercise sheet, III) a table and a listing of the comments recorded during group discussion one, and IV) a content analysis of the various discussions.

I.
Objectives:

1. To identify professional development needs of those who work with the elderly:

a) needs which cut across professional groups (such as; upgrading general knowledge in gerontology, improving personal attitudes and communication skills, etc.)

b) needs specific to professional or agency sub-groupings (such as; knowledge about new products for salespeople, changes in regulations for residential facility personnel, or updating knowledge and skills in working with the terminally ill for pastoral care workers, etc.)

2. To share information about any ways in which these professional development and support needs are presently being met.

3. To identify problems experienced in meeting these needs.

4. To propose some concrete ideas and alternative approaches to meeting identified professional development and support needs in the future.

5. To begin the development of an ongoing network process among those concerned with the professional development and support of those who work with the elderly.

II.
Small Group # 1: Identifying the Needs for Professional Development

Purposes: To identify professional development and support needs which are general to a cross-section of individuals who work with the elderly.

To begin developing the human basis for greater networking and information sharing about professional development and support among those who work with the elderly.

Tasks: 1. Introductions.

2. In pairs, each individual reflect back on the past month in their work the elderly and identify problems experienced in that work:
-think about any problems you had in your relationships: with elderly clients, with other staff, with family members, with your own feelings about something;
-think about any problems you had in actually doing something or knowing something you felt you should know;
-think about any problems you had with the structure of the things happening in your work situation, rules, paperwork, expectations, etc.

3. Make a list of as many problems as you can think of (see worksheet 1). Then, pick the three that seem to you now to be most important and describe a little more fully on the worksheet.

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4. Share the three problems with your partner. Together, identify what could have helped you prevent or solve each problem more easily. Be as concrete as you can.

5. Now, go back over your list of things that could have helped and indicate whether each is a:

Learning Need (LN): i.e., an increase in your own or someone else's knowledge, skill or awareness would have helped;

Organizational Need (ON): i.e., a change in the organizational structure or resources would have helped;

Interaction Need (IN): i.e., an increase or change in the interaction with others in the situation would have helped.

6. Share with the total group and summarize on flip charts. Add any needs which group members perceive have been missed and list on an additional flip chart sheet.

7. Select a reporter for tomorrow morning's panel.

8. Share one surprise or new discovery which happened for you during this small group session.

III.

		Needs Analysis			
		Learning	Organizational	Interactive	Total
# as Originally Grouped		73	36	39	148
Interactive Effect	Learning	--	17	21	38
	Organizational	35	--	13	48
	Interactive	12	13	--	25
Distilled Needs		26	6	5	37

The chart above shows the distribution of comments as originally categorized by the groups involved in session 1 discussion. The interactive effect follows from an analysis and regrouping of those 148 original comments. The Distilled Needs were those comments which could not be placed in any of the other categories; these were, in a sense the pure Learning Needs, Organizational Needs, etc.

COMMENTS FROM RAW DATA

A.Learning Needs

1. Professional

-psychological aspects of aging distinguishing fact from fantasy (2)
-knowledge of recreational needs (2)
livings needs,setting,light and colour
use of alcohol and prescriptive drugs
need for purpose and productivity
basic health
intimacy needs and how to communicate them
-motivating the elderly, stimulating the mind
-mental health, high risk depression,grief, death and dying

2. Personal

-need to keep on learning & research (3)
-dealing with stress
-coping with aging in ourselves and others
-balancing the needs of patient, family and institution
-listening skills
-finding information re:fitness

3. Staff Training

-fighting the "freight train syndrome" which makes the person fit the institution and not vice versa(2)
-volunteerism, recruiting, training and placement (2)
-ongoing to provide adequate care
-dealing with guilt about jobs being half-done
-at all levels of work
-cross-generational learning
-communication
-data analysis to improve patient care
-diseases of the elderly
-reality awareness for seniors, family, etc.
-time management
-nutrition
-awareness of interdependance with other departments
-acquiring new competencies
-communication/assertiveness
-attacking the "Myths" of old age
-communicating in a simpler language
-teaching techniques for adults
-writing better nursing comprehensive histories
-reorienting staff attitudes
-providing support & information to families

4. Public Education

-communicating the needs of the Elderly
-financial planning, wills, courses of help
Information regarding;
-educational & certificate programs
-resource persons
-HELP (gerontological centre)
-support systems
-consultation

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-practitioners
-funds for publicity
-day-time programming for seniors
-information to families
-lending of resources from M.S.W. program
-leadership training for the Elderly, confidence & management

5. Administration

-need for good planning/organization
-knowledge for the decision makers
influencing policy
clarification of role expectations
-facilitator of gerontological services, good manager, cooperative, friendly, delegate responsibility
-dealing with cutbacks and resource allocation
-proper & thorough assessment of client needs and staff training in such assessment
-evaluation & monitoring of services for seniors
-stereotypes of funding resource persons
-matching services to actual needs
-government simplification of administration
-reduce administration time
-recognize future demographic patterns & problems

B.Organizational Needs

-empathizing with patient's perspective (2)
-flexibilty of service systems (2)
-information for seniors
-problems specific to time, resources & money
-who determines appropriate level, source of care? How?
-money to advertise public services of institution
-labour relations
-matching community services to needs
-public awareness of needs of elderly
-multidisciplinary work
-networking resources, resources centre
-inter-agency communications
-development of supportive network within the institution & community
-sensitization of the medical profession to the needs of the elderly and services for seniors
-need to improve communication and problem-solving within the health care field
-lack of communication between
service provider & information provider
health care facilitators
seniors in general

C.Interactional Needs

-networking, trust & communication among staff
-conference facility for seniors
-balancing contradictory information
-sense of ambivalence when encountering "Grey Ghetto"

IV.

Content Analysis

Topics Identified by First Group Discussion of Generalized Needs Across the Professions	%
Communication Skills	14.3
Programs for the Elderly	12.9
Pre-Service/Inservice Training	7.9
Understanding Aging in Self and Others	7.1
Staff Stress	6.4
Identification of Community Resources	4.3
Advocacy Skills	2.8
Cultivating Multidisciplinary Expertise	2.8
Maximizing Economic Resources	2.8
Demographic Information	1.4
	62.7%*

*other items mentioned occurred only once in this first discussio

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A P P E N D I X 2

Appendix 2 is a brief overview of the purpose and tasks of small group discussion number two. It includes I) an outline of the tasks and the names of the professional groups, II) a prospectus for a basic gerontological course as outlined in comments by the groups and finally III) the political comments recorded during the session.

I. Small Group # 2: Professional Development Needs

Purpose: To identify the educational and professional development needs of particular professional groups.

Tasks

1. Group discussion of professional development needs within the assigned groups.
2. Identifying present means of attempting to meet professional development needs. Where are the gaps and problems with present efforts to meet needs?
3. Summarize on flip-charts, rating importance to the group.

Groups

1. Social Work
2. Administration
3. Business
4. Nursing
5. Social Service
6. Recreation
7. Religion

II. Basic Course in Gerontology

The Nurses, Social Workers and Religious groups were most clear about their Professional Development needs, but these needs are exclusive and best met by the institutions and professional associations who serve them. They also supported of a basic educational program. In fact, all seven groups felt there was a need for a gerontology course that covered the following components.
(derived from raw data)

Course Content

-aging, all aspects of
-physical,(recreation)
-emotional,(fear, death & dying, isolation)
-nutrition
-psychological, (motivation of elderly, stimulation of the mind)
-spiritual, including the participation of the laity
-political,(public education, confronting mind sets,attitudes)
-social
-pharmaceutical
-changing social structure, (demography, future trends)
-family,(public education, consciousness raising, use new technology)
-for the elderly, (independence & dignity, finances, leadership, activism, motivate & educate,consumer education.)
-counselling, interactive skills, listening

Course Design

-multidisciplinary, multi-modal, use of new technologies
-given by professional school
-coordinated program
-specific social work & nursing component for the Elderly
-must meet varied intellectual needs
-clinical component, with research application & practice
-confidence requirement, credit workshops, continuing education
-upgrading of expertise
-range of courses
-workshops

III.

* A new need that was mentioned several times by three out of the seven groups was that of political advocacy, which is thus included here.

Political Comments

-need for political action at all levels
-health care, service organizations lobby for money
-how to deal effectively with and inform politicians or the needs and programs that need to be developed
-an understanding of advocacy skills for the service provider to access all levels of government
-keeping key decision makers informed

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A P P E N D I X 3

Appendix 3 contains a list of those comments made during the discussions, relating to an Information Exchange (IE), or Gerontological Foundation.

Informational Networking Comments (Gerontological Foundation)

Session 1

-identify resource persons.
-communication: professionals with professional, professionals with patients.
-evaluation and monitoring of services for seniors; advice and assistance.
-inter-agency communication.
-communication with Alzheimers patients, linking with physicians.
-balancing contradictory information.
-resources centre.
-information exchange.
-Facilitator:good manager.
    -highly cooperative.
    -friendly.
    -delegate responsibility.
-collect information to assist seniors.
-need to improve communication and problem solving within the health-care system.
-connecting/researching target population.
-services available:MD's.
-publicity re:support.
-more flexibility in services that provide home services.
-Lack of communication between;
    -service provider and information provider.
    -health-care facilitators.
    -people we serve.
-sharing with others.
-one on one communication and listening.
-where to get help/information. Central reference source needed.
-disseminate information to volunteers.

Session 2

-consultation/resource for research development and administration/organizational problems.
-research application and practice.
-access to research.
-central lodge or resource centre for information or sources of information to avoid confusion of large numbers of resources
-and avoid dissemination of misinformation.
-Central Source of Information;
    -professional staff (listeners)
    -more than one community (zenith numbers)
    -providers and seniors
    -backed by comprehensive educational program
    -include listing of key literature, A.V.,resources,etc.
-update for all providers on services available, criteria, etc. (professional & volunteer)
-access to expertise in community.
-access to information.
-coordination of resources.
-too much fragmentation.

-focal points not established.
-consciousness raising.
-direction needed.
-use new technology to spread information.
    -media
    -handouts on problems
    -references to resources
    -training of support staff in medical offices

Session 3

-information network
-communication - networks to open awareness of professional resources and access professional resource persons.
-plan and organize a foundation type structure, or similar organization with a mission and capability to collect and store information and disseminate it through communications, including education, training and promotion.
-plan, establish and maintain a geriatric foundation with a mandate to systematically collect and organize information and disseminate this through an active communications program.
-university gerontological programme, "The Rocking Chair!"
-a funded Chair in Gerontology, School of Gerontology, a department, sponsoring college.
-data base possibly.

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APPENDIX 4

Appendix 4, is a list of the questions and raw data from the evaluation of the Consultation as a whole and a subseque t analysis of those comments.

Evaluation Tabulation

1. What two things did you like best about this consultation?

-Exchanging ideas. (8)
-People in general, attitude, interest and help. (5)
-Breaking into groups. (4)
-Meeting new people from different disciplines. (3)
-Networking opportunity. (3)
-Exposure to new concepts and ideas. (3)
-Open discussion. (2)
-A sense of contribution. (2)
-Not having it on a weekend. (2)
-Input from various disciplines.
-Beginning at grass roots.
-Enthusiasm for some action re:professional development.
-That a program appears to be starting which will address these concerns.
-The attempt to draw together people from a variety of settings.
-Meeting others I had heard about and wanted to know.
-Stimulating and reassuring.
-The concern for the education of people working and dealing with the aged.
-Good continuous suggestions and outcomes.
-Extremely well organized and people involved were truly interested
-Privilege to meet those in attendance.
-The easiness of the group.
-The wine and cheese party.
-Meeting new contacts in the field as members of the clergy.
-Being asked about what I need.
-Small group style instead of lecture.

2. What did you like least about this consultation?

-Reporting back tends to get tedious. (7)
-Could have been spread over a few days. (3)
-The group sessions were too long. (3)
-Lack of time for discussion on building a program.(2)
-Shortness of dialogue. (2)
-Friday is not a good day.
-Evaluation at the last minute without adequate time for reflection.
-Lack of clear focus.
-Lack of organization
-I found many group exercises vague.
-The issue of developing a continuing education program should have been addressed more specifically.
-Workshop division leadership addressing particular issues of concern.
-The presentations and their applications.
-Too many workshops.
-The impression that many people seem to think of the aging process as abnormal rather that a normal physiological process.

-Final exercise on Friday afternoon should have been same grouping as Friday morning.
-Focusing on professional development for the elderly rather than us.
-Objectives of workshops not interpreted in reporting sessions.
-Limited to working in 2 groups.
-Too much jargon, "needs and sharing".
-Sessions were too long without a break.
-Not quite enough time for interpersonal relationships.

3. What do you see as "Phase II" of this project?

-Next meeting should be more specific, explore solutions, continuous meetings. (11)
-Strike an ad hoc committee to explore possible course in gerontology. (7)
-Complete dissemination of information from meeting. (3)
-Implementation of communication network. (3)
-Implementation of suggestions introduced during conference.(2)
-Programs development/gerontology.
-Development of program proposal.
-Setting up a resource network.
-Someone to research the data gathered and present solutions, answers,discussion.
-Lecture type as opposed to group for next meeting.
-Following through on recommendations presented in first meeting.
-Circulation of results from consultation.
-Establish this group as an association forum on Religion and Gerontology.
-Locate a centre e.g. Western or Westminister College.
-Setting up of courses and someplace which can give information on available courses for practitioners and aging.

4. What activities/actions should the committee undertake to accomplish the above?

-Reconvene group to review and present proposals. (5)
-Develop a resource pool of personnel with different perspectives on aging. (4)
-Offer suggestions for course outlines and course content. (3)
-Explore existing courses offered by different Universities and Colleges. (2)
-Survey target groups. (2)
-Form a working committee. (2)
-Take a few subjects and build on them.
-Approach government/educational resources to explore feasibility of mounting courses.
-Research and tap present programs in the field of gerontology.
-Invite volunteers to support committee.
-How about a phone information system on Gerontology like the Alcohol and Drug Addiction Research Foundation has?
-Central information bureau.

6. What educational activities in the field of Gerontology would you like to see offered in London?

-Basic. (5)
-Certificate courses. (4)
-Workshops. (3)

-Credit and Non-Credit courses or diploma courses. (3)
-Sexuality/Attitude changes, palliative care, physical financial, dying courses. (3)
-In-service training. (3)
-Intermediate and advanced. (2)
-Language and teaching skills appropriate for aging persons.(2)
-Studies in Spiritual Courses. (2)
-Continuing courses available to all.
-An on-site or practicum course.
-Courses for professionals in aging.
-Courses for individual professions - nursing, medicine, health care, in home-service.
-In grade school and high school.
-Need formal academic "chair" for professional training.
-Program to improve communication skills especially where verbal communication is impossible or difficult.
-High calibre interdisiplinary credit/non-credit courses.
-Short term courses and long term courses for credit.
-Psychology and Physiology of aging courses.
-Psycho-Social aspects and physiology of aging.
-Aging process for all care levels.
-Family and extended family courses. (Staff involved with the elderly as well as family)

Analysis of Evaluation Responses

In reviewing the evaluation responses for the consultation in gerontology it becomes apparent that the dominant themes which surface throughout the consultation process continued to surface in the evaluations. By now it is clear that these themes relate to educational programmes for practitioners in gerontology, and the need for a supportive communications network. To a great extent these same themes surfaced in the evaluations.

The first question asked participants to state the two things which they liked best about the Consultation. There were forty-eight (48) statements articulated in response to this question. Twelve (25%) individuals stated that they most enjoyed meeting with others who were in the field, and several of these persons used this consultation opportunity to extend their own support network. Eight (17%) indicated that they liked the process where exchange of information was possible. Four (8%) liked the opportunities involved in working in small group sessions, and six (13%) appreciated the opportunities involved in meeting professionals in other disciplines. The remaining evaluation comments occurred only once or twice and include the following: the continuous suggestions and outcomes; easiness of the group; enthusiasm for professional development; the wine and cheese party.

The second question on the evaluation asked the participants to state what they liked least about the Consultation. In reviewing these responses the analysis is less clear. There were thirty seven responses in all. Seven (19%) stated that the reporting after the group discussion was tedious. Three (8%) spoke about each of the following; the lack of a specific focus for the program; the group sessions were far too long; the length of time spent in groups was too long. On the other hand, two (5%) stated that there was not enough time for discussion, or for the formation of interpersonal relationships. The other items which were listed occurred only once and included the following: Friday was not a good day for the program; evaluation took place at the last minute; lack of organization; applications for the information presented; more homogeneous groups; too much jargon.

To the third question, "What do you see as "Phase II" of this project?", the overwhelming response centered around the development of a program in gerontology, ten (26%) individuals listed this possibility. However, it is true that many different options for an educational program were discussed. These included the establishement of a chair at the university, undergraduate programmes, and continuing education courses in the field. Ten (10%) percent of the participants wished for the proceedings from the consultation.

In response to the question "what activities should the committee undertake to accomplish the above?", twenty percent wished to have the group reconvene in order to review and present proposals; twelve percent wished to articulate suggestions for course outlines and course content; seventeen percent wished to develop a resource pool of personnel with different perspectives on aging; and the remaining comments included the following: exploration of other programs in gerontology in Ontario; research in field of gerontology; invitation to volunteers to join committee.

The suggestions for educational activities in gerontology in the city of London included the following: 5--offer courses at the Basic level//2--at the advanced level; 3--credit/non-credit courses in aging; 7--preparation of diploma or certificate in gerontology; 3--wished to have workshops in the field of gerontology as means to upgrade their expertise; many other specific content areas were suggested The overwhelming theme presented is the need for educational programmes in London in the area of gerontology. There is little agreement about the initiatives necessary for accomplishing this task, but there is a strong articulated need for educational programs.

The final question asked participants to recommend teaching resource people, speakers, or existing programs which might be of interest to the community. Twelve resource persons, and seven agency or program resources were named. Twelve participants in the Consultation also indicated that they would be willing to help or participate in any program which would develop from this consultation. The members of the organizing committee were pleased to see this large number of resources available, and the interest of those participants who indicated their willingness to donate time and energy to this project.

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